

to the change which the blood undergoes previous to this disease, its intermixture with poison, &c.

Though none more highly estimate his experience and ability, I am compelled to say that the series of experiments of Dr. Turner on the arterialization of the blood establish a set of facts in direct opposition to those views. Neither can we agree with Dr. Baneroff and others, who ascribe it alone to marsh miasma; for it appears where marsh miasma was never known and cannot possibly exist. The natural conclusion seems to be, that it is not primarily contagious, but is, in every instance, clearly an endemic. It seems also, generally to originate in, and to be confined to, places situated on the sea-shore or its immediate vicinity; and I know of no instance of its existence at any considerable distance from the sea. The local causes of its origin are doubtless atmospheric; but be they what they may, they are modified by the sea; but the extent and manner—whether for a time any one of the primary agents composing our atmosphere be modified or annihilated, or whether a new, temporary and local quality be superadded, I will leave others to investigate. The yellow fever is found chiefly, if not exclusively, to occur on or near the sea-shore; the influence of the sea upon its origin is therefore apparent; and with these points established, the science of the profession will ere long develop its hidden sources.

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ART. IX.—*Case of Paralysis of the Portio Dura, illustrative of a curious physiological fact.* By JOHN B. ZABRISKIE, M.D., Physician to the King's Co. Almshouse, New York.

A CASE of paralysis of the portio dura lately occurred at the King's County Almshouse, which presented a curious physiological fact I have not seen noticed in any other case which I have met with.

J. Ward, a marine, aged 33, came to the poorhouse with secondary syphilis, for which the ordinary treatment, consisting of an alterative course with sarsaparilla, was successfully used. But upon the subsidence of the syphilitic symptoms he was suddenly seized with a paralysis of some of the muscles of the face. His mouth was drawn to the left side, the natural power of winking his right eye was lost, and he could not elevate the right angle of his mouth. As the senses of smelling, sight, hearing, the motions of the eyeball, the motions and taste of the tongue, and the motion of the

lower jaw were perfect on both sides, the paralysis was evidently confined to the portio dura of the right side.

But the most curious part of the case, and that for which I have been induced to relate it, is, that he could close the eyelids at will, while the involuntary winking was confined to the left eye, showing that the voluntary power of closing the eyelids is communicated by means of a different nerve from that which causes the natural winking, the latter depending upon the portio dura, while the former is probably derived from the ophthalmic nerve. This is confirmed by a case in the *Revue Médicale* of April, 1829, published by Duges of Montpelier, in which both the trifacial nerve and the eighth pair of the right side were paralyzed, and all power of closing the eyelids were lost. These two observations show that the voluntary motion of the eyelids is derived from the ophthalmic branch of the fifth pair, and the involuntary from the portio dura, and where both were paralyzed both motions were lost.